

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/648887	FILING DATE					
						APPLICANT(S)						
						CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51	1				
2	1						52	1				
3	1						53	1				
4	1						54					
5	1						55					
6	1						56					
7	1						57					
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37	1						87					
38	1						88					
39	1						89					
40							90					
41	1						91					
42	1						92					
43	1						93					
44	1						94					
45	1						95					
46	1						96					
47	1						97					
48	1						98					
49							99					
50							100					
TOTAL IND.	9						TOTAL IND.					
TOTAL DEP.	14						TOTAL DEP.					
TOTAL CLAIMS	53						TOTAL CLAIMS					